



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Mahmood Tabrizi, D.C.

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-17-3388-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

July 20, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr Certification Is and Was Valid At Time of Exam"

Amount in Dispute: \$800.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see EOB(s). The bill as received was illegible. Carrier will process and audit upon receipt of a legible bill."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 17, 2016	Designated Doctor Examination	\$800.00	\$800.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §130.1 sets out the requirements for certification of maximum medical improvement and impairment rating.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed on or after September 1, 2016.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.

Issues

1. Is Zurich American Insurance Company's reason for denial payment supported?
2. Is Mahmood Tabrizi, D.C. entitled to additional reimbursement for the disputed services?

Findings

1. Dr. Tabrizi is seeking an additional reimbursement of \$800.00 for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on October 17, 2016. Per explanation of benefits dated November 9, 2016, Zurich American Insurance Company (Zurich) denied the disputed service with claim adjustment code B7 – "This provider was not certified/eligible to be paid for this procedure/service on this date of service."

28 Texas Administrative Code §130.1(a) states, in relevant part:

- (1) Only an authorized doctor may certify maximum medical improvement (MMI), determine whether there is permanent impairment, and assign an impairment rating if there is permanent impairment.
 - (A) Doctors serving in the following roles may be authorized as provided in subsection (a)(1)(B) of this section...
 - (ii) a designated doctor...
 - (B) ... On or after September 1, 2003, a doctor serving in one of the roles described in subsection (a)(1)(A) of this section is authorized as follows:
 - (i) a doctor whom the division has certified to assign impairment ratings or otherwise given specific permission by exception to, is authorized to determine whether an injured employee has permanent impairment, assign an impairment rating, and certify MMI...

Review of available documentation finds documentation that supports that Dr. Tabrizi was certified to perform examinations to determine MMI and IR by the division from June 6, 2016 through June 6, 2018. The division also finds that Dr. Tabrizi was ordered by the division to act as a designated doctor to determine MMI and IR on the date of service in question for this claimant. Therefore, Zurich's denial of payment is not supported.

2. Per 28 Texas Administrative Code §134.250(3), "The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation supports that Dr. Tabrizi performed an evaluation of MMI. Therefore, the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Per 28 Texas Administrative Code §134.250(4),

The following applies for billing and reimbursement of an IR evaluation ...

- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
 - (i) Musculoskeletal body areas are defined as follows:
 - (I) spine and pelvis;
 - (II) upper extremities and hands; and,
 - (III) lower extremities (including feet).
 - (ii) The MAR for musculoskeletal body areas shall be as follows...
 - (I) \$150 for each body area if the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition is used.
 - (II) If full physical evaluation, with range of motion, is performed:
 - (-a-) \$300 for the first musculoskeletal body area.
 - (-b-) \$150 for each additional musculoskeletal body area.

The submitted documentation indicates that Dr. Tabrizi provided an impairment rating and performed a full physical evaluation with range of motion for the right shoulder and provided an impairment rating using the DRE method for the lumbar spine. Therefore, the MAR for this examination is \$450.00.

The total allowable for the services in dispute is \$800.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$800.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$800.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

_____	Laurie Garnes	September 22, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.